

CANDIDA PNEUMONIA

should be done to determine whether tissue invasion has occurred. If it is not possible to obtain tissue specimens, empirical amphotericin B therapy may be considered. (4) All efforts to correct reversible immunosuppressive factors in patients with established pulmonary candidiasis are justified. (5) The description of clinical data in this series has been skewed by the selection process and precludes the possibility of successful therapy. Delay in diagnosis may have been a factor in delay of therapy and in the progression of the disease to death.

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Salicylates and Reversible Hearing Loss

BY FAR the most widely used of the ototoxic agents are the salicylates, and more specifically, aspirin. . . . The ototoxicity is usually heralded by the onset of tinnitus. However, there are other compounds, that should at least be mentioned in passing, that are of this family and can also cause hearing loss. One thinks of the methyl or the sodium salicylate used in dermatologic practice as an example. The two primary characteristics of salicylate hearing loss seem to be its symmetry and its high likelihood of reversibility. It is the latter quality—this reversibility—that allows for the common clinical practice in treating rheumatoid arthritis, wherein the aspirin dose is actually increased until the onset of tinnitus and subjective hearing loss, and then the dose is decreased until these symptoms disappear.

—ROBERT C. BONE, MD, *San Diego*

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